

EXHIBITOR INFORMATION

**22nd Annual Children's Network Conference
September 3rd & 4th, 2008**

Ontario Convention Center, Ontario, California

The Children's Network of San Bernardino County will present its 22nd Annual Conference on September 3rd and 4th, 2008 at the Ontario Convention Center. This conference consistently attracts professionals from fields such as education, healthcare, social work, law enforcement, safety, childcare and counseling.

Booth assignments are made on a **first-come, first-served basis**. Exhibitor applications must be submitted prior to **August 1st, 2008 to be included in the program**. The Children's Network may, at its discretion, accept or reject any application for space.

EXHIBITOR BOOTH

Brochures, literature, flyers and handouts may be displayed. Items appropriate for the conference audience may be sold. Please make arrangements to transport and set up your materials during the Exhibitor Setup time. The following is included with your Exhibitor fees:

- ❖ 6' draped table with identification sign and 1 chair
- ❖ Conference program
- ❖ Continental breakfast and lunch for one (1) Exhibitor per booth, per day

½ RESOURCE TABLE

If you are looking for an extremely economical and effective way to attract the attention of our attendees, the Resource Tables (which are un-staffed) are for you. Our attendees can browse your materials between workshops and take them to share with their colleagues and clients. The following is included with your Resource Table fees:

- ❖ ½ of one 6' table top space with identification sign
- ❖ Free setup for out of State agencies (unused items will not be returned)

EXHIBIT SCHEDULE

Set-Up	Tuesday, September 2, 2008 3:00 pm to 5:00 pm
Open	Wednesday September 3rd and Thursday, September 4th 7:30 am to 4:00 pm
Breakdown	Thursday, September 4, 2008 3:00 to 5:00 pm

Revised 5/29/07

QUESTIONS ???

Please contact Crystal Miller at:
(909) 383-9677
crystal.miller@hss.sbcounty.gov
www.sbcounty.gov/childnet

EXHIBITOR APPLICATION

I am interested in purchasing (check all that apply):

Fill in price here →

<input type="checkbox"/>	Exhibitor Booth, General (\$150)	\$
<input type="checkbox"/>	Exhibitor Booth, Non-Profit (\$100)	\$
<input type="checkbox"/>	1/2 Resource Table, Un-Staffed only (\$50)	\$
<input type="checkbox"/>	Advertisement in Conference Program (1/4 Page = \$50, 1/2 = \$100, Full page = \$200)	\$
Total to be invoiced to you upon acceptance of your application <u>PAYMENT IN FULL DUE BY AUGUST 1ST, 2008</u>		\$

Agency Name:			← To be used for your Exhibitor table sign
Primary Contact:		Title:	
Mailing Address:			
City:	State:	Zip:	
Phone: () -	Fax: () -	Email:	
Website:			

Company Representative (Only 1 representative per booth will be allowed. Additional people attending must register for the conference as an attendee and pay full registration fee.)

Rep Name:	Title:
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Would you like to donate a door prize?

<input type="checkbox"/> Yes	Description:
<input type="checkbox"/> No, thank you.	

Factual description of product or service to be exhibited (25 words or less):

CONTACT INFORMATION

Fax or mail application before **August 1, 2008** to:

Questions: Crystal Miller (909) 383-9653

Fax: 909-383-9688

Mailing Address: Children's Network
825 E. Hospitality Ln., 2nd Fl.
San Bernardino, CA 92415

*****INVOICE WILL BE MAILED TO YOUR ADDRESS ABOVE*****

Upon acceptance of my application: I agree to complete a written evaluation of the 22nd Annual Children's Network Conference on September 3rd and 4th, 2008. I will notify the Children's Network immediately should circumstances make attendance impossible or if any changes need to be made to my application. I agree to all of the terms and conditions as set forth in this Exhibitor Application. Cancellations - \$25 Processing Fee.

Print Name Clearly

Signature

Date